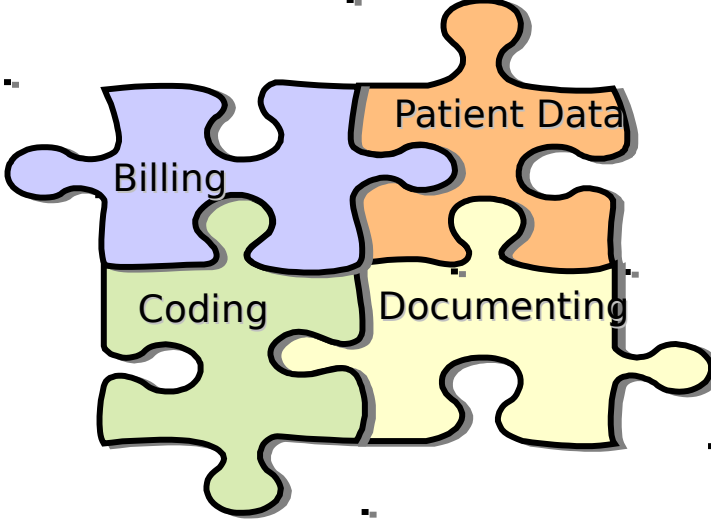
CORE COMPETENCIES

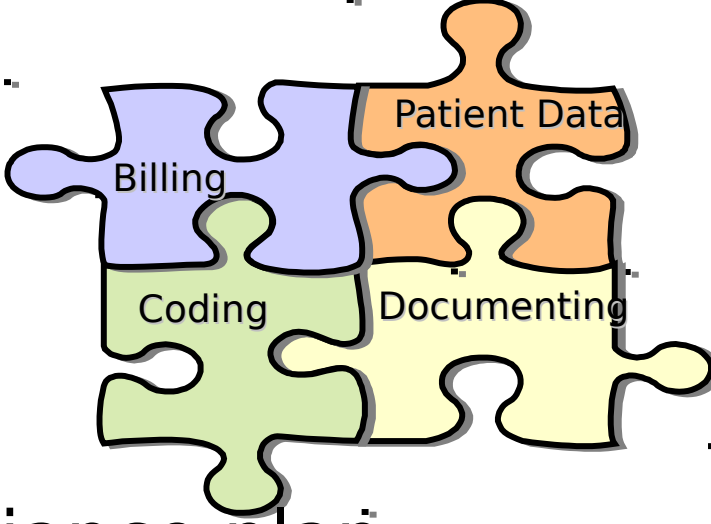


Wrap-Up, Tracks 1/2/3/4

Lt Col Jeanne Yoder
UBO Program Manager
Thursday, 1300, 19 May 2005

CORE COMPETENCIES

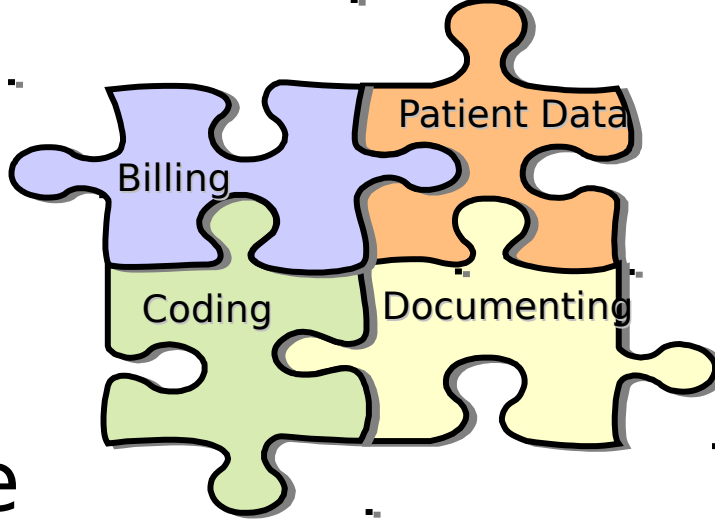
Your Home Work



- Review/update your compliance plan
- Training
- Billers – set up meeting with your coders, understand why bills are denied for coding reasons
- Coders – go talk with billers, find out the coding problems, figure out solutions, implement; denied bills are errors you find without needing to audit

CORE COMPETENCIES

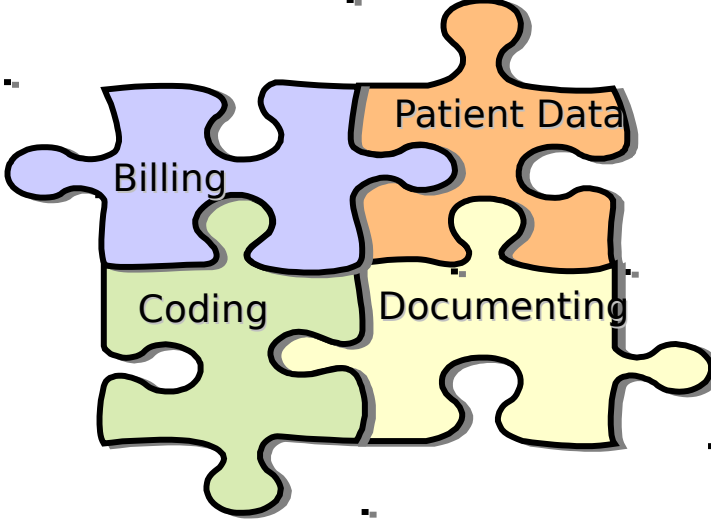
The Process – Provider New to Military Treatment Facility (MTF)



- Provider Specialty Code
- HIPAA Taxonomy
- Abbreviations
- Timeliness of completion of documentation/data entry in ambulatory data module (ADM)
- Institutional versus professional
- Introduce the provider to his coder

CORE COMPETENCIES

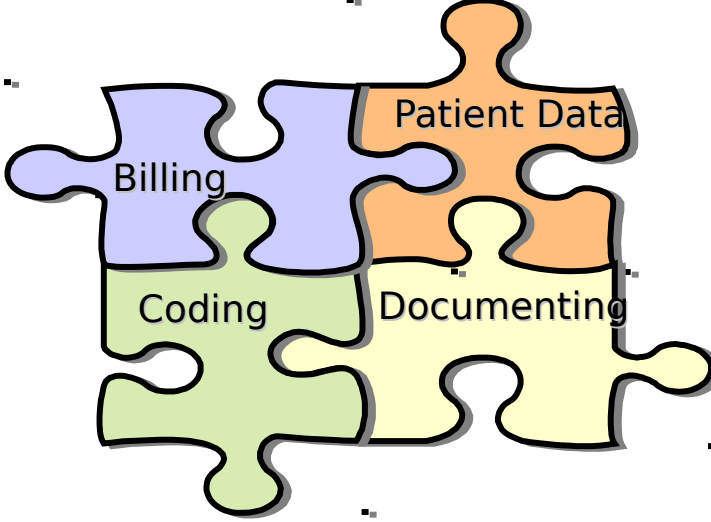
The Process – Sit Down One-On-One With Provider



- Document what you do, not just abnormals
- Document conditions/diseases that impact care
- ICD=diagnosis, medical necessity, reason for services
- CPT/HCPCS=what was done, supplies
  - Don’t get credit unless documented
  - Relative value units (RVUs)

CORE COMPETENCIES

The Process – Sit Down One-On-One With Provider

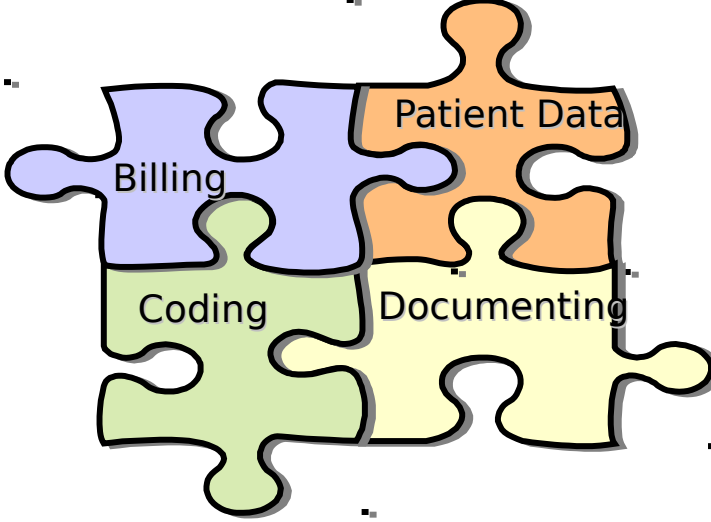


- **Brief provider on how to document**
- Subjective Objective Assessment Plan
- S=HPI, ROS, P/F/S Hx
- O=Vital Signs, General, Body Systems
- A=What found
- P=What you did/and plan to do (e.g., TREAT FX)

- **Military unique issues**
- DoD Extender Codes
- Telephone Consults
- Services “downtown”
- Labs/Rads/EKGs/ vaccinations, in the clinic or not in the clinic

CORE COMPETENCIES

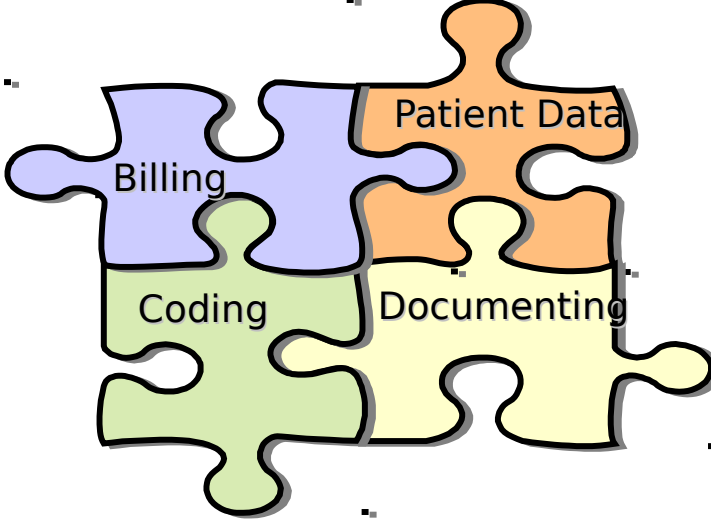
The Process – Sit Down One-On-One With Provider



- What they can dictate (e.g., H&P, operative reports, consults, D/C summary, MEBs)
- What must be in the operative report
- Reviewing and signing dictation, no “SBNR”
- Ours is a decentralized medical record, that the OB, Mental Health and Dental components are usually stored separately

CORE COMPETENCIES

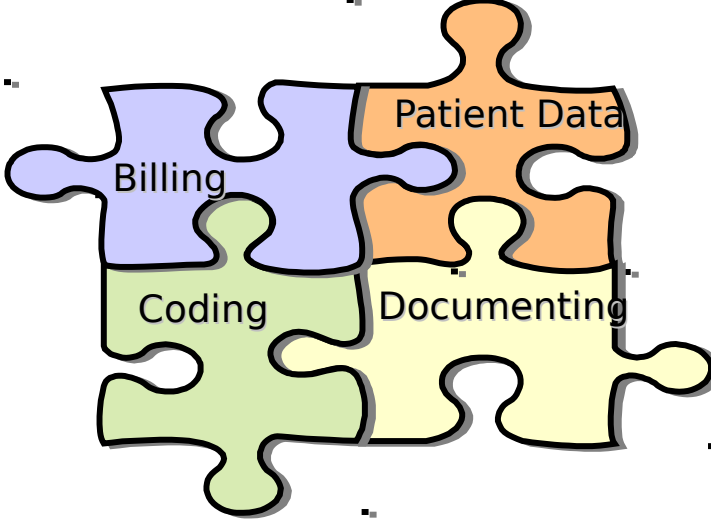
The Process – Sit Down One-On-One With Provider



- Layout of the 4 part medical record
- Documentation on the Summary Sheet counts if Summary Sheet current
- Auto fill function for diagnosis if used (usually only Mental Health and OB), must delete diagnoses not addressed/considered at that encounter
- Auto-negative function in CHCSII, must change if not addressed

CORE COMPETENCIES

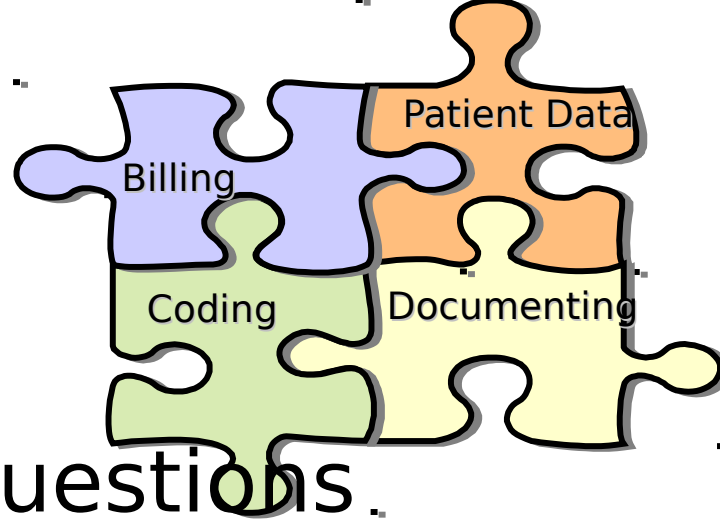
The Process – Sit Down One-On-One With Provider



- Difference between:
  - Consult and referral
  - Office visit and physical
  - New and established patient
  - Conscious sedation, monitored anesthesia care and anesthesia
  - Office visit and optometry/ophthalmology code
  - Telephone consult (workload does count) and telephone call (workload does not count)

CORE COMPETENCIES

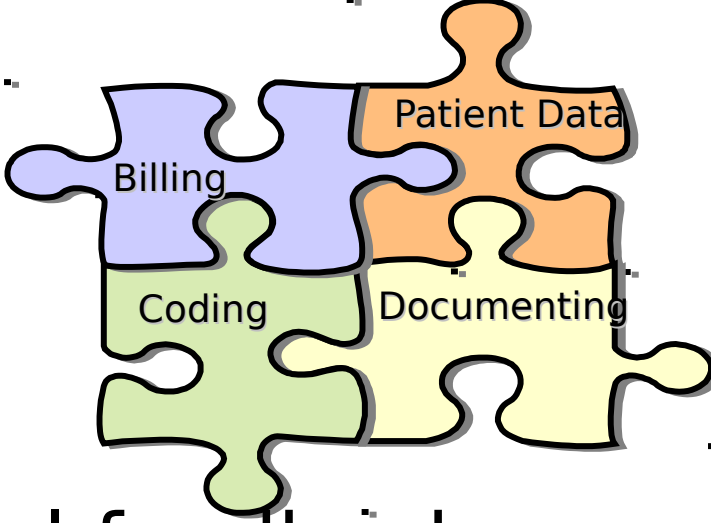
The Process – New Provider One Month Later



- Feedback and answer questions
  - Review audit findings one-on-one with the provider
  - "If you did this, you should have documented it, you would have had a 99213 instead of a 99212…"
  - Need to know right and left, which finger on which hand; need name of nurse helping with conscious sedation; did you replace the cast or not…

CORE COMPETENCIES

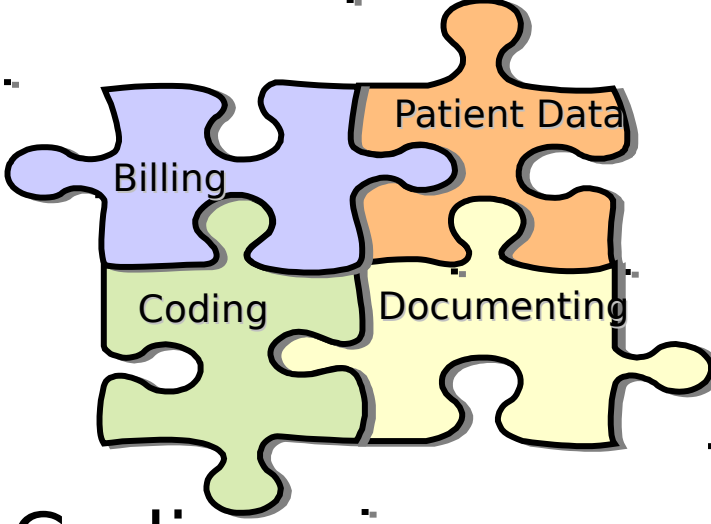
The Process – The Coding Audit



- Always provide individual feedback
  - If there were no findings, let him know, even if it is just a letter “Reviewed 10 of your encounters with no coding errors found.”
- If errors found that could be applicable to multiple specialties, brief at Professional Staff Meeting

CORE COMPETENCIES

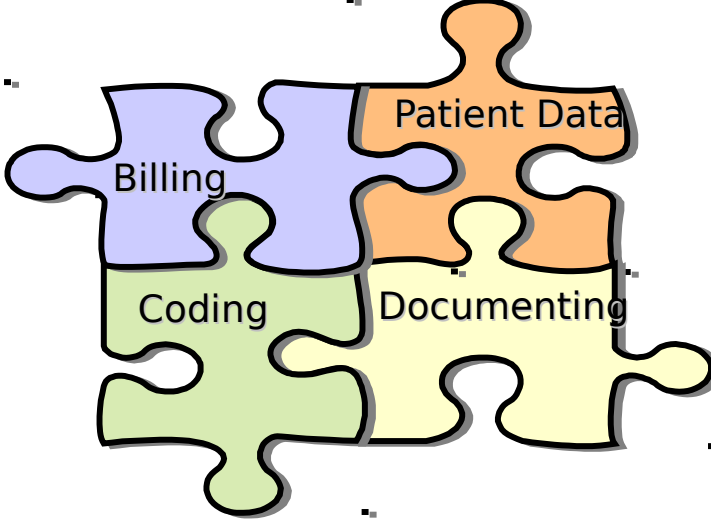
The Process – Brief at Professional Staff



- External Cause Of Injury Coding
- DoD Extenders to include Deployment Related
- Injury Logs, or at least the Injury/Accident flag
- Medical Affirmative Claims records must be back in file at end of duty day

CORE COMPETENCIES

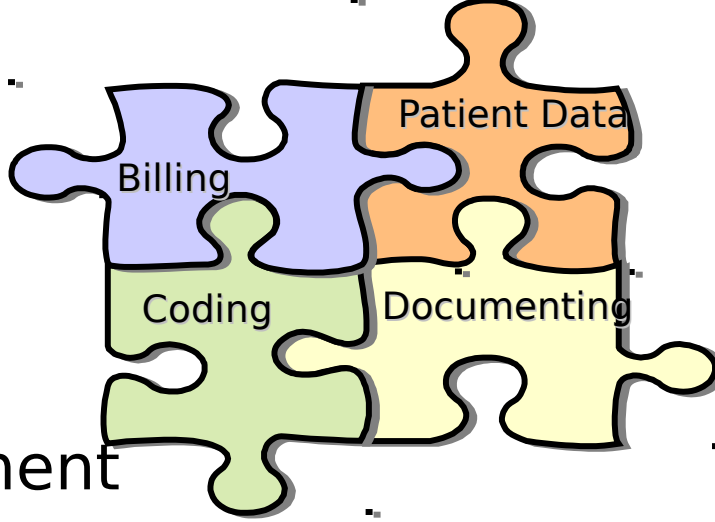
The Process – Patient is New To MTF



- Collect patient data to include DD Form 2569
  - Send form to UBO office for entry into CHCS
- Patient's address and telephone number (check and update every time the patient makes an appointment)
  - Update on DMDC web site

CORE COMPETENCIES

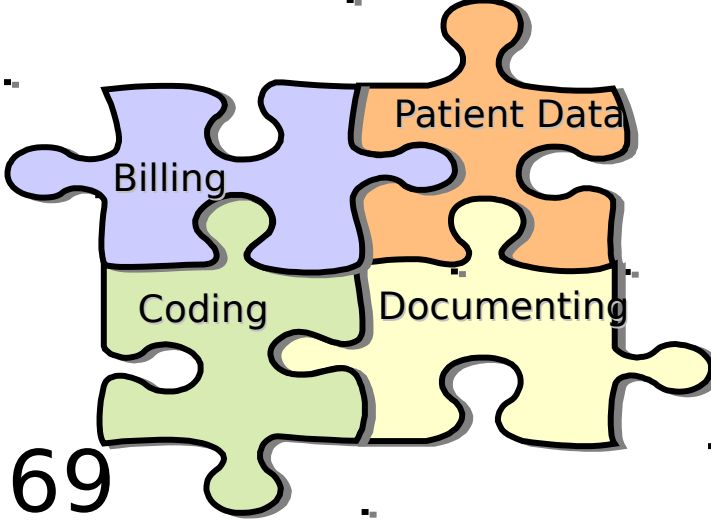
UBU Home Work



- Teach providers how to document
- Teach admission clerks and appointment clerks
  - PATCATs and how to change them for each encounter
  - Injury/Accident flag
- Audits – get the results of external audits from your Service POCs
- Audits – are not complete until there is provider feedback (both positive and how to improve)
- Get 5 minutes every month at Professional Staff for audit findings, new codes, documentation…
- Coding/documentation in-services

CORE COMPETENCIES

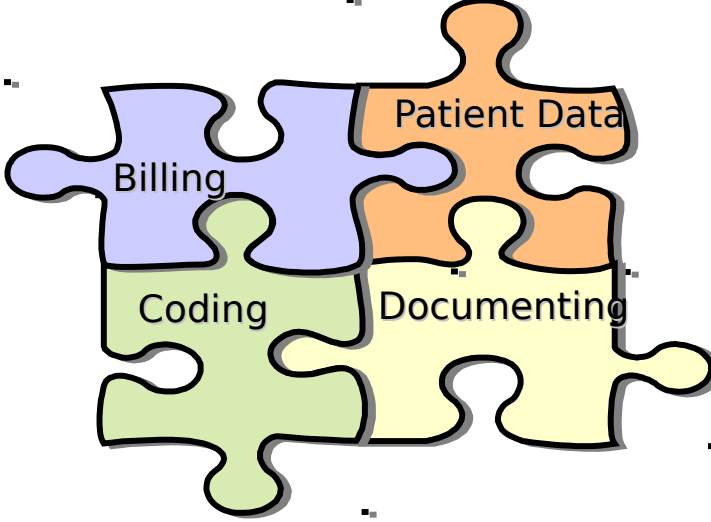
The Process – What Will Generate A Third Party Bill



- NOTHING unless DD 2569 data is in CHCS
- Privileged provider visits, not technician visits
- CHCS Provider Specialty Code 000-901, except 900
- HIPAA taxonomy

CORE COMPETENCIES

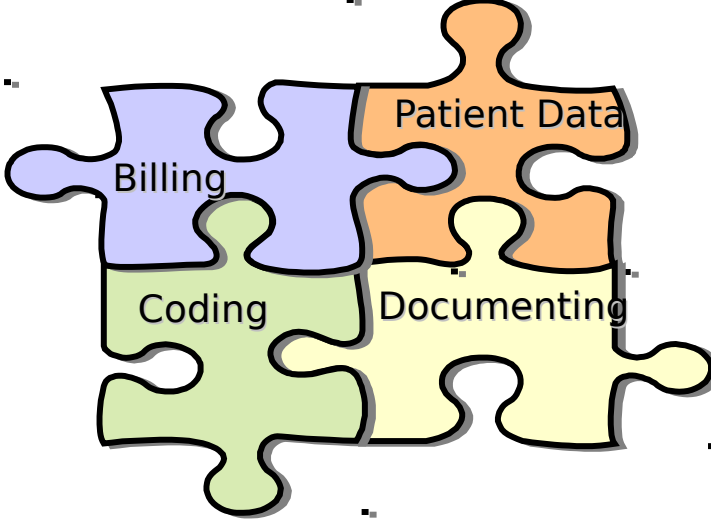
The Process – What Will Generate A Medical Affirmative Claim (MAC)



- Patient care due to injury caused by another party who has insurance, or by the patient who has insurance (e.g., single car accident)
- Injury Log
- Strong MAC program
- Claim data sent to Legal upon completion of care for that injury
- Understand use of ICD E-codes and follow-up codes

CORE COMPETENCIES

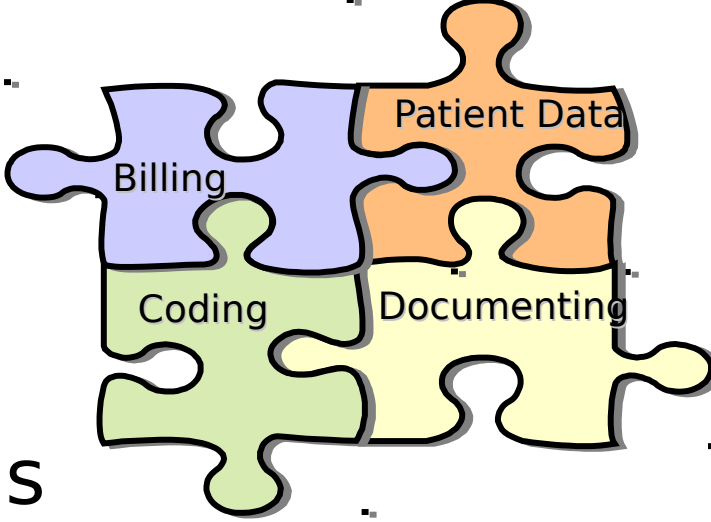
UBO Overview



- 3 Major Cost Recovery Programs
  - Third Party Collection (TPC)
  - Medical Services Accounts (MSA)
  - Medical Affirmative Claims (MAC)
- Other Cost Recovery Program
  - Dept of Veterans Affairs Joint Venture

CORE COMPETENCIES

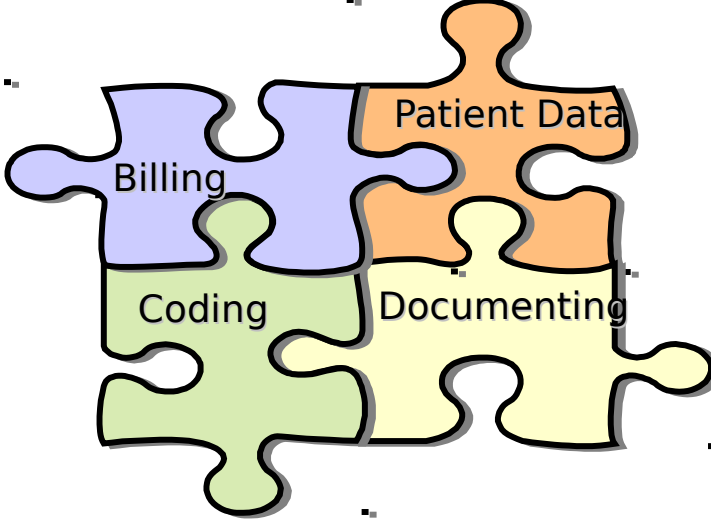
Electronic Billing



- Work with your credentials staff to ensure provider data are correct
- Costs less to process claim electronically
- Know that day if something is missing on the electronic claim
- Remittances faster
- No deductions because of using paper bills

CORE COMPETENCIES

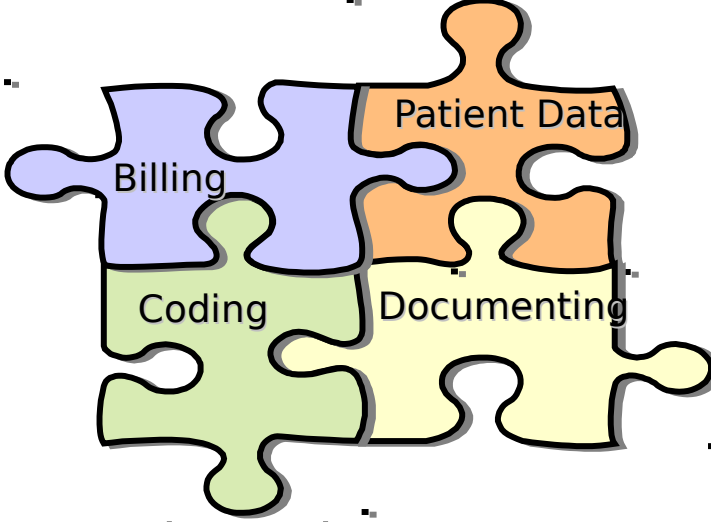
Provider Specialty Code



- Impacts TPC
  - Only generate bills for codes 000-901 (except 900)
  - If no provider specialty code (field left blank) – does not feed to Third Party Outpatient Collection System (TPOCS)
- Enter during provider inprocessing to the MTF and when status changes (e.g., resident to fully privileged provider)
- Work TPOCS edit list EVERY day

CORE COMPETENCIES

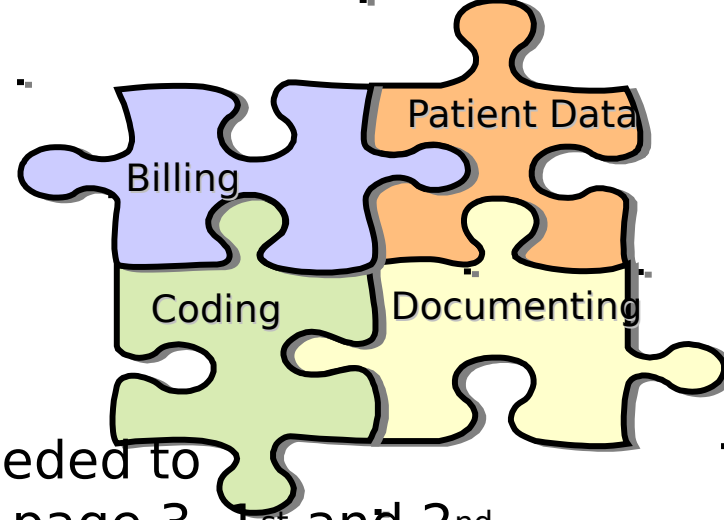
Correct PATCAT Classification



- Impacts Medical Services Accounts (MSA)
- Coast Guard = C, this care is billed back to the Coast Guard IF the PATCAT is correct
- Uniformed Services is more than the Army, Navy, Air Force and Marines
  - NOAA, PHS, Coast Guard
- Patients with multiple benefits
  - VA and DoD; Retired and Occupational Screening; Family Member and Reservist; DoD School and Retire/Family Member…

CORE COMPETENCIES

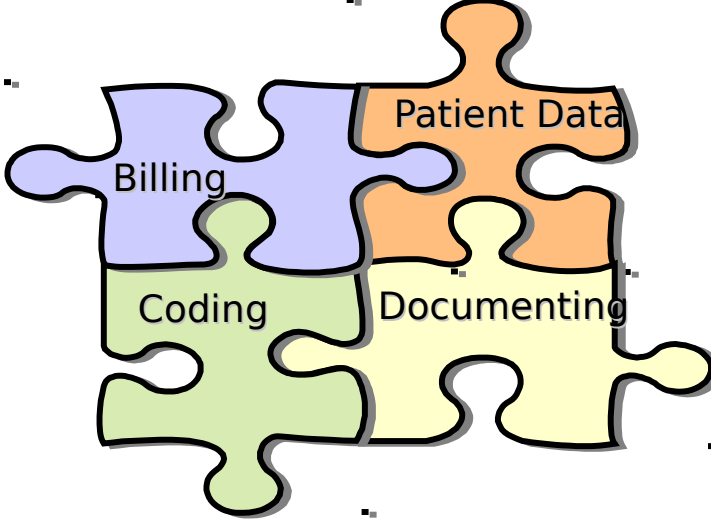
GAO Audit



- 20 Feb 2004, MTF: Improvements Needed to Increase DoD Third-Party Collections, page 3, 1st and 2nd sentences
- "The single biggest obstacle to increasing collections, however, is inadequate identification of patients with third-party insurance. DoD does not have effective systems or processes for obtaining and updating insurance information for patients that have other health insurance coverage."

CORE COMPETENCIES

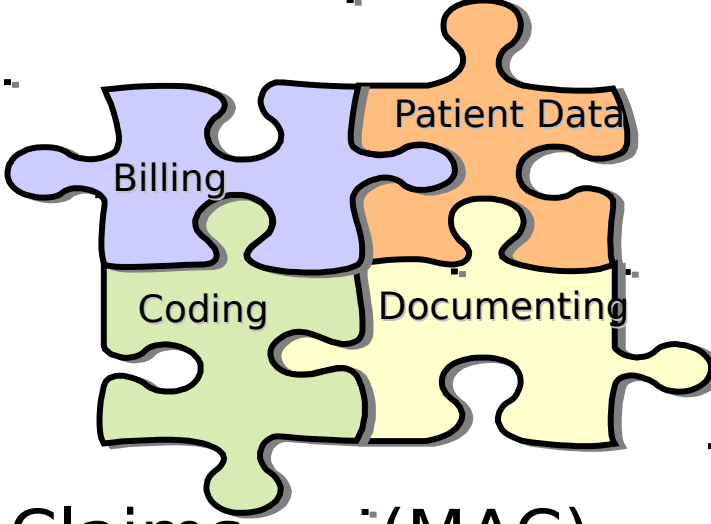
DD Form 2569



- DD Form 2569 - Third Party Collection Program – Record of Other Health Insurance
  - Also used for MSA
  - Current within past 12 months
  - The 2569 must be signed during each inpatient stay and APV visit
  - In outpatient medical record (which is why YOU need to start medical records at YOUR MTF for non-enrollees)
  - In CHCS (how system knows to feed data to TPOCS)

CORE COMPETENCIES

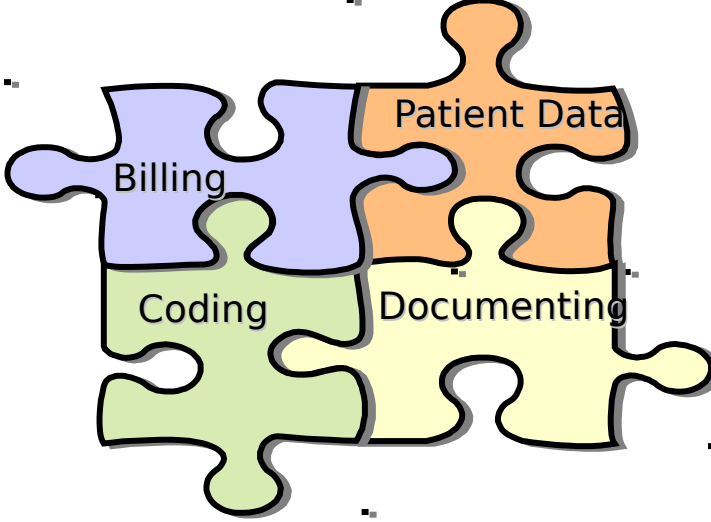
Injury Log



- Impacts Medical Affirmative Claims (MAC)
- Clinics (particularly Emergency Department and primary care clinics) need to identify patient's initial treatment for all injuries
- Clinic staff need to understand importance of using injury log
- Systems Change Request funded to have "Injury/Accident" prompt when making appointment and at patient check-in

CORE COMPETENCIES

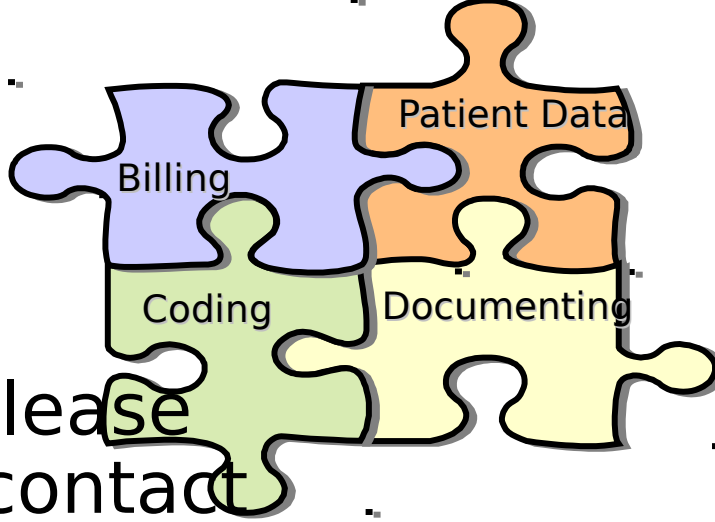
Completed MAC



- If MAC patient is not seen for 30 days
  - Review CHCS for walk-in visits, t-cons, etc
  - Check last documented soaP (plan) for the injury
  - Ask provider if care is complete
- Generate bill and forward to legal

CORE COMPETENCIES

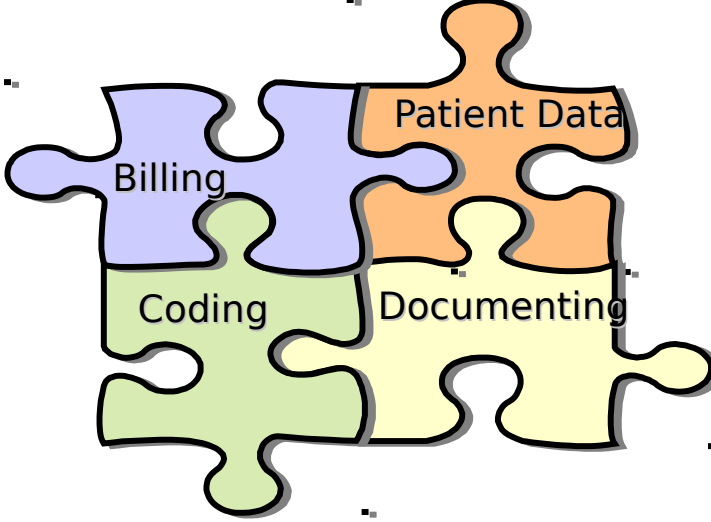
Cosmetic Surgery



- NEW billing method with release of next rates package – contact your Service POC if you do cosmetic surgery billing and did not attend the class
- Impacts Medical Services Accounts (MSA)
- Be sure your clinicians know to send patients scheduled for cosmetic surgery to the MSA office
- Clinician determines if it is cosmetic surgery or reconstructive surgery

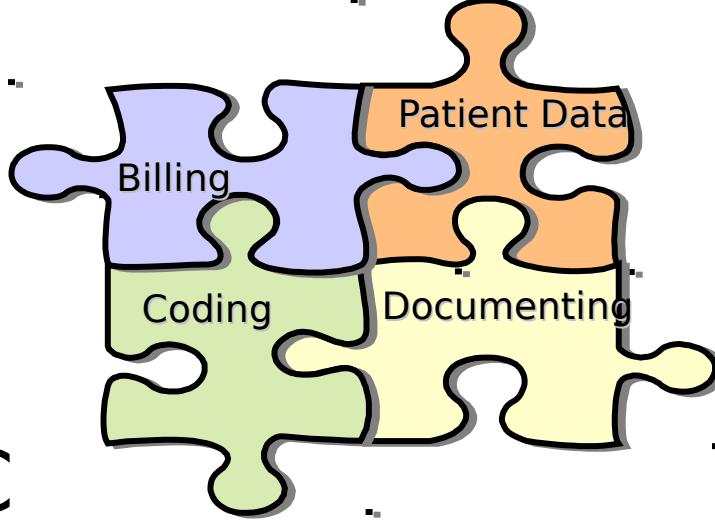
CORE COMPETENCIES

Accounts Receivable



- Impacts TPC, MSA
- Follow-up, follow-up, follow-up
- Congressional TPC Reporting
  - Inpatient: Claims/disposition, 10%
  - Inpatient: Collected to billed, 45%
  - Inpatient: Closed to billed, 60%
  - Outpatient: Collected to billed, 50%
  - Outpatient: Closed to billed, 45%

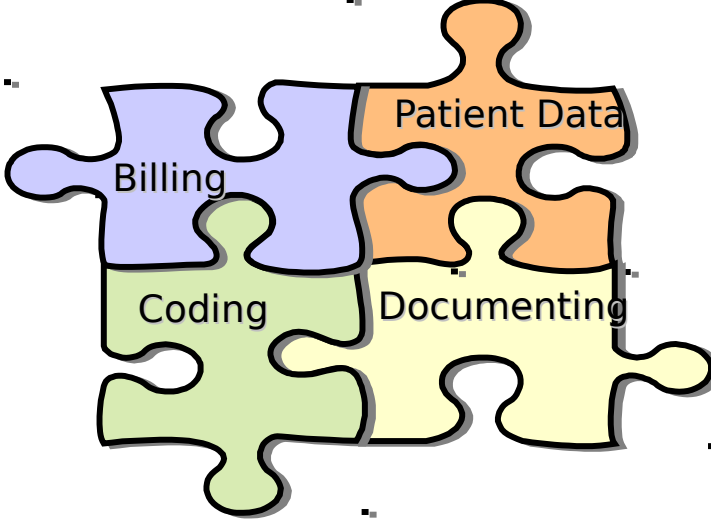
TPOCS Edit List



- Impacts outpatient TPC
- Work it every day
  - Once it is cleaned up, it is easy to keep it cleaned up

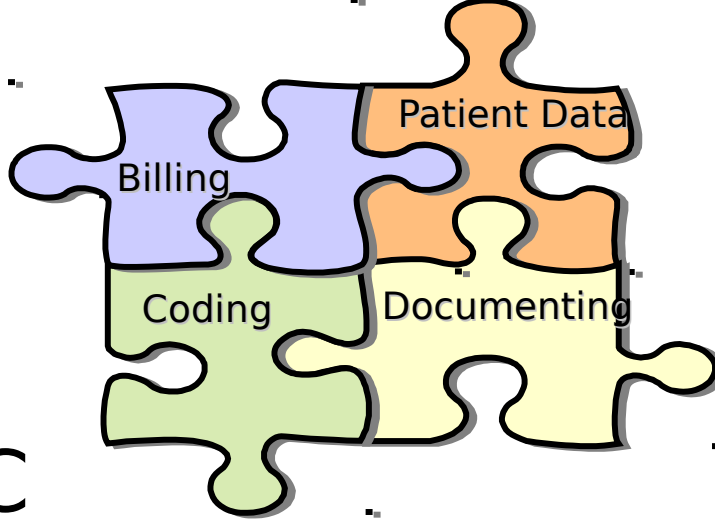
CORE COMPETENCIES

UBO Home Work



- UBO Priority List
- Electronic Billing
- Provider Specialty Code
- PATCAT
- DD Form 2569
- Injury Log
- Forward completed MAC packages to legal
- Accounts Receivable
- TPOCS edit list
- Cosmetic Surgery

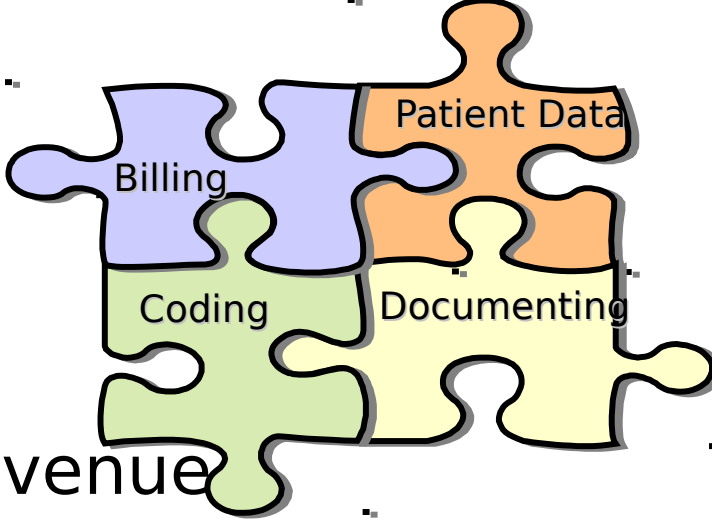
Coding



- Impacts TPC, MSA, MAC
- Review the new MHS Coding Guidance
- http://www.tricare.osd.mil/org/pae/ubu/default.htm
- Document what is done
- Code what is documented

CORE COMPETENCIES

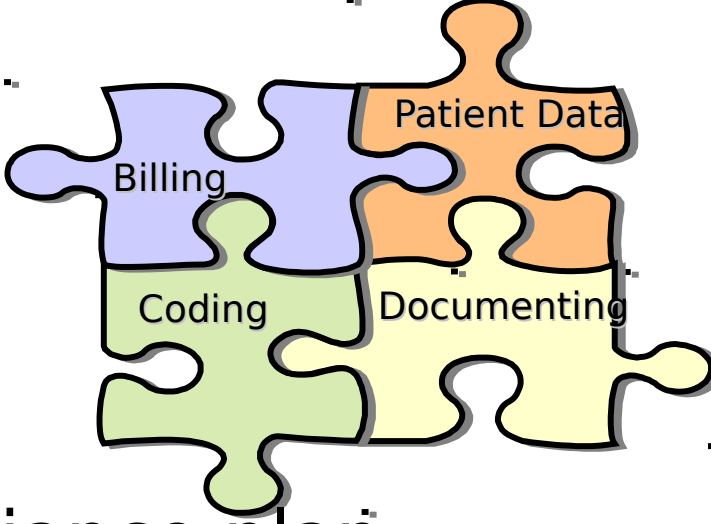
Objective



- Know how to increase MTF revenue
  - Provider Specialty codes in CHCS
  - Correct PATCAT codes
  - Cosmetic Surgery
  - DD Form 2569
  - Injury Log
  - Forward completed MAC packages to legal
  - Coding
  - TPOCS edit list
  - Accounts receivable management

CORE COMPETENCIES

Summary



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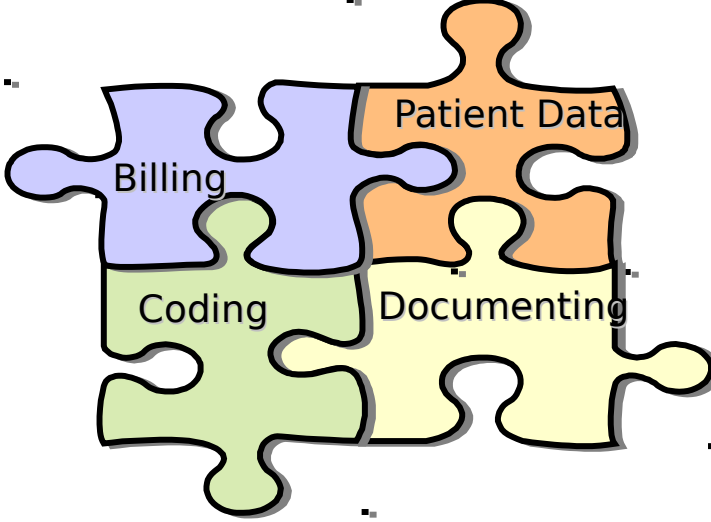
- Training
- Billers – set up meeting with your coders, understand why bills are denied for coding reasons
- Coders – go talk with billers, find out the coding problems, figure out solutions, implement; denied bills are errors you find without needing to audit

CORE COMPETENCIES

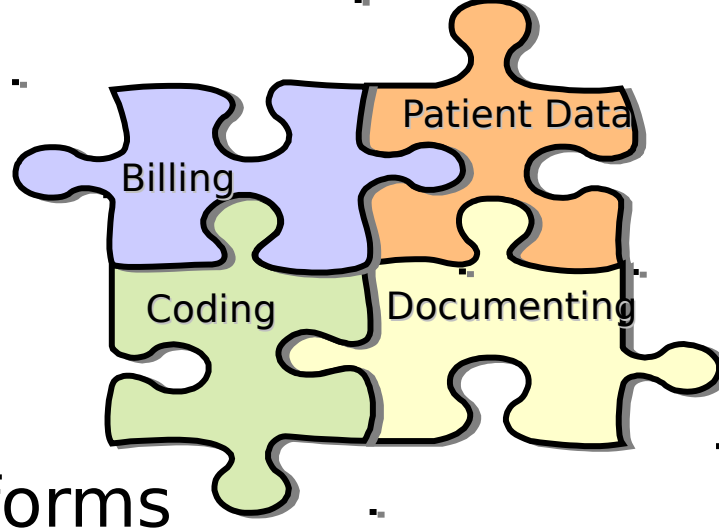
BOTTOM LINE:



- Have a safe trip home
- Share what you have learned

CORE COMPETENCIES

Questions



- Fill out your class comment forms
- Comments improve future classes
- Turn in comment form for a CD with all the class briefings – excellent to use as teaching component of your compliance plan
- At the same time, pick up your course participation form
- Keep your handouts with comments for Continuing Education documentation
- Next class: Service Breakouts